

Quantity Purchase Agreement With The State Of Indiana

Qty Purchase Agreement QPA Number	Page
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Requisition Nbr.:	A70-2-629
Effective Date:	09/15/2002
Expiration Date:	09/14/2004
Agency Number:	
Facility:	IN STATE DEPT OF HEALTH
Vendor Federal ID:	22-3329332
Vendor Telephone Nbr:	908-218-8476
Name Of Contact Pers:	BETTIE SEARS
FAX Number:	

Vendor ORTHO DIAGNOSTIC SYSTEMS INC
Remit to: 1001 ROUTE 202
RARITAN NJ 08869

Name and ORTHO DIAGNOSTIC SYSTEMS INC
Address Cntct: BETTIE SEARS
of Vendor: 1001 ROUTE 202
RARITAN NJ 08869

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement. The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement. **Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.**

Line Number	Quantity	UNIT	Article and Description	Unit Price
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This is a Quantity Purchase Agreement for HCV RECOMBINANT IMMUNOBLOT ASSAY. QPA can be mutually renewed yearly, for three additional years, in one year increments.

Vendor Phone No: 800/828-6316 Fax No: 585/453-3660

INFORMATION TO BE PROVIDED BY THE VENDOR: Ninety (90) days prior to the expiration date of the contract, the vendor shall advise the Procurement Division of the quantities of each item furnished against this contract for the preceeding 12 month period.

Prices shall remain unchanged and firm for at least one year after the effective date of the contract. The State of Indiana will consider written requests for price adjustments only if the finalization of this contract exceeds the one year allowed. Adjustment may be considered provided that such price adjustment covers both upward and downward movement of the commodity price. An increase will be based on the vendor/contractor's actual cost increase only, as shown in written documentation, and must not constitute increases in profit. All requests for price increase/decrease must be in writing and must contain adequate documentation to justify said increase/decrease (dated manufacturer price lists, industry publication, etc.) All price adjustment requests must be substantiated in a manner acceptable to the Indiana Department of Administration (IDOA) and must be thirty (30) days in advance of the effective date for said increase/decrease. Anytime the vendor requests a price adjustment, the IDOA may either accept the price adjustment and amend the contract accordingly or reject the adjustment in its entirety. Approved price adjustments shall remain unchanged for at least a year.

DELIVER TO THE FOLLOWING ADDRESS. INSIDE DELIVERY REQUIRED.

Indiana State Dept of Health
Laboratories, Room 2017
635 N Barnhill Drive
Indianapolis IN 46202-5120

1	36.00 KT	18903	Immunoblot,Recombinant,HCV,Assay,3.0,Recombinant 5-1-1-, C100-3, C33C, C22-3 Coated Strips, Positive & Negative Controls, Specimen Diluent & Additive, Conjugate, Substrate Solution & Buffer, Wash Buffer Concentrate.	2,220.0000
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Signature of Purchasing Officer	Typed Name		Signature Of Approval Office Of the State Attorney General	
	Date Signed		Typed Name	Date Signed
Authorized Signature	Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis, Indiana 46204 Telephone: (317) 232-3053			